

Application Data Sheet

Application Information

Application number::	
Filing Date::	November 26, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	FINGERPRINT SCANNER WITH TRANSLATING PLATEN
Attorney Docket Number::	003797.00687
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: D.
Family Name:: Bohn
Name Suffix::
City of Residence:: Fort Collins
State or Province of Residence:: CO
Country of Residence:: US
Street of mailing address:: 2900 Eindborough Drive
City of mailing address:: Fort Collins
State or Province of mailing address:: CO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 80525

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Derek
Middle Name:: L.
Family Name:: Knee
Name Suffix::
City of Residence:: Fort Collins
State or Province of Residence:: CO
Country of Residence:: US
Street of mailing address:: 5720 Pebble Beach Court
City of mailing address:: Fort Collins

State or Province of mailing address:: CO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 80525

Correspondence Information

Correspondence Customer Number:: 28319

Representative Information

Representative Customer Number:: 28319

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Microsoft Corporation
Street of mailing address:: One Microsoft Way
City of mailing address:: Redmond
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98052